CAIRS
Direct Data Entry

Reference Manual – V2.0.1

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Introduction

Purpose of this Document

The materials presented in this document are intended to provide users with an introduction to Computerized Accident/Incident Reporting System (CAIRS) Direct Data Entry features. In this document, you will learn how to enter accident data into CAIRS. You will also receive an overview of CAIRS and a brief history of its development. Registration and security issues will be discussed, and you will receive information on Department of Energy (DOE) Order 231.1, *Environment, Safety and Health Reporting*, and how it relates to the CAIRS centralized database.

Objectives

This document is designed to assist you in performing the following activities:

- Connecting to CAIRS via the Internet, and logon to CAIRS using your user-id and password

- Entering data into the CAIRS database

- Editing your CAIRS database entries

What is CAIRS?

Purpose of CAIRS

CAIRS is a database used to collect and analyze DOE and DOE contractor reports of accidents that occur during DOE operations in accordance with DOE Order 231.1 (*Environment, Safety and Health Reporting*). CAIRS reporting is managed by the EH Office of Regulatory Liaison (EH-51), with hardware and software support from the Office of Information Management (EH-72). The information contained in CAIRS provides a centralized collection of DOE accident data for data users to perform various analyses, including developing trends and identifying potential hazards to help reduce accidents.

CAIRS was placed into production in 1983. At that time, CAIRS was one of the modules of a computerized safety information system, the Safety Performance Measurement System (SPMS). In 1991, as a result of the findings of an independent evaluation, it was determined that radical changes were needed to convert CAIRS and some of the other modules of the SPMS from a mainframe computer environment to a more modern, user friendly system. The first phase of the redesign of CAIRS included moving CAIRS to a simpler, easier to use, graphical interface. Since the release of the first phase, other enhancements have been incrementally released. The release of CAIRS Direct Data Entry will allow user the capability to use the software to collect information on each accident case and when the report is complete submit the completed report directly to the CAIRS production database.

DOE Order 231.1

DOE Order 231.1 establishes DOE requirements for collection and reporting of information on environment, safety, and health. This information, which is required to meet several regulatory requirements, is essential for evaluating Department of Energy operations and identifying opportunities to help prevent accidents. DOE Order 231.1 requires the use of DOE Manual 231.1-1; this document provides detailed information regarding the reporting of ES&H information. This manual specifies in detail the reports that must be filed, the persons or organizations responsible for filing the reports, the recipients of the reports, the format in which the reports shall be prepared, and the time schedules on which the reports shall be filed.

What is Included in the CAIRS Database

The CAIRS database contains individual accident reports from 1983 to the present for injury/illness cases and for vehicle accidents. It also contains property damage cases from 1975 to the present. Statistical data are generated from summary records and are available from 1975 through the present. (Reporting thresholds for property and vehicle accidents have changed throughout the years, primarily in 1983 and 1996.)

The CAIRS database also contains exposure data for DOE and DOE contractor organizations, including work hours, property valuation, number of ground fleet vehicles and miles traveled, number of aircraft and hours operated, number of marine craft and hours operated, and number of railroad cars and engine miles traveled.

Registration and Security

Registration

Individuals interested in registering to become CAIRS users can obtain a copy of the registration form from the ES&H Helpline at (800) 473-4375.

CAIRS is a Government computer system and, as such, has security requirements that must be followed. These security requirements are mandated by DOE Order 1360.2B, "Unclassified Computer Security Program." Some of the information contained in CAIRS is restricted and is to be accessed by authorized users for official Government business only.

Registered users of CAIRS agree to adhere to the security requirements specified on the registration form. One of these requirements is the responsibility to protect your assigned password from possible use by other individuals to gain access to the system.

Organizational Jurisdictions

Users are granted access to CAIRS with an assigned organizational jurisdiction. This jurisdiction may be for a DOE office, a contractor and affiliated subcontractors, or for combinations of such organizations. This jurisdiction assignment will determine the organizations for which the user can enter and change data.

Privacy Information

Individuals who will be entering data into CAIRS obviously have been given local authority for access to the privacy information for their organizations, such as names, social security numbers, and information regarding personal injury or illness. However, as part or the registration process for data entry, each person that will be accessing fields in the database that contain privacy information will be requested to complete the "Access to CAIRS Privacy Information" document. See Appendix H for a copy of this one-page document. Additional copies can be obtained from the ES&H Helpline at (800) 473-4375. The document identifies the name, user-id, and organizations that the individual will be allowed access. This document requires the signature of the user and the cognizant DOE representative.

System Features and Requirements

The CAIRS Direct Data Entry system was developed to meet the needs of users who, in the past, have completed CAIRS reports by either typing or handwriting the information onto a form or by completing a word-processing version of the form. CAIRS Direct Data Entry is an internet-based tool that takes advantage of the modern browser technology currently being used to navigate the World Wide Web (WWW). Its development makes entering, finding, and retrieving relevant data more consistent with the current Windows environments found on most of today's personal computers.

The CAIRS interface is easy to learn and use because of the following features:

- The interface is user friendly. If you are familiar with the Microsoft Windows or Macintosh interface, you will find the interface to be both familiar and friendly.

- The interface is platform independent. Any platform that supports browser technology (e.g., PC, Mac, and Unix) can be used to access the interface.

- The interface does not require proprietary client software. Any browser that supports features found in Netscape 4.0x or above or in IE 4.0.x and above, such as tables, Secure Socket Layer (SSL-2) protocol, and Active Server Pages (ASP) can be used to access CAIRS.

- The interface offers many methods of connectivity. You can access the system with modem dial-up, over an Ethernet connection from the DOE Business Network, or with a direct Internet connection or through an Internet Service Provider (ISP).

- The interface offers extensive context sensitive on-line help that is easily accessible.

System Requirements

The following are the system requirements for using CAIRS:

- You must have an Internet connection (either direct or via an ISP); an Ethernet connection to DOE's Business Network, or a modem capable of communicating at speeds of 28,800 BPS or faster.

- You must have a Pentium computer with sufficient memory to support a Web browser such as Netscape or Internet Explorer. (As with all Windows applications, a faster PC and/or additional memory will greatly enhance system performance. A Pentium or faster computer is recommended.)

- You must have Netscape 4.0 or higher or Internet Explorer 4.0 or higher in order to support features such as tables, Secure Socket Layer (SSL-2) protocol, and Active

Server Pages (ASP).

- Windows 95, 98, or 2000 is recommended.

If you are unfamiliar with how your computer is configured, you should share the above information with your local computer support personnel.

Business Rules for CAIRS Direct Data Entry

CAIRS Case Input: Workspace vs. Production Space

The CAIRS Direct Data Entry feature is divided into two major components: the Workspace and the Production Space. The Workspace is used to store partially completed recordable cases and nonrecordable cases. When data is submitted to the Workspace, the system will perform several checks to verify information in select data fields and to confirm that all required data fields are complete. If all of the data fields pass this screening, the record is then ready to be submitted to the Production Space, if it is a recordable case, or saved in the Workspace, if it is a nonrecordable case.
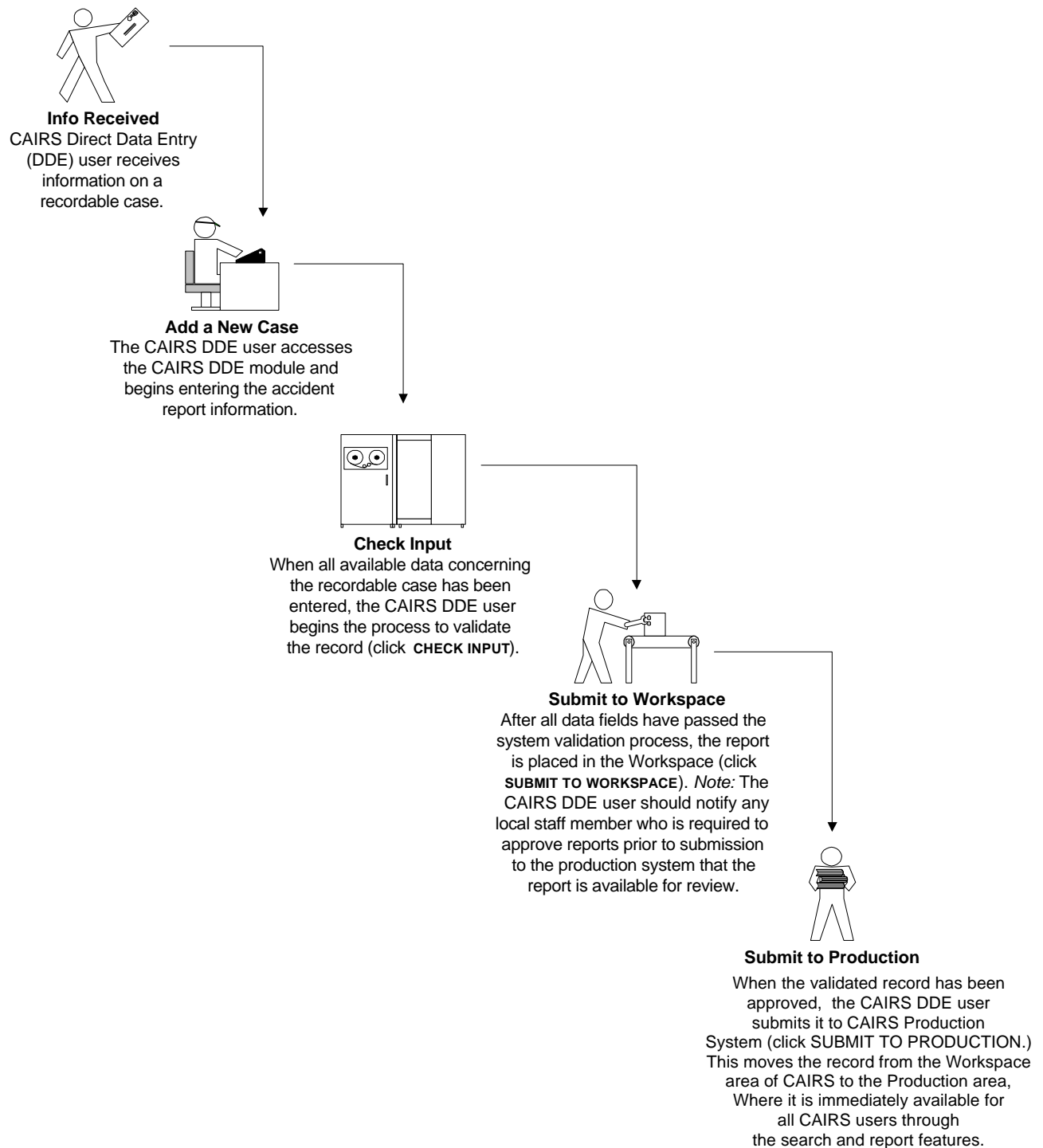
The Production Space is used to store all recordable accident reports and exposure data for DOE organizations. For recordable cases, once the record passes the screening checks, the Submit to Production button will be activated and the user will be allowed to submit the completed case into the Production Space. The information submitted to the Production Space is made immediately available to all CAIRS users through queries, searches and report generation features in CAIRS. If new or revised information becomes available concerning a case that has been submitted to the Production Space, the case can be edited.

Table 1: Purpose of CAIRS Workspace vs. Production Space

Area	Function
Workspace	• Holding area for recordable accident cases that are pending local approval • Holding area for partially completed reports • Permanent storage area for all nonrecordable reports (injury/illness, property and vehicle)
Production Space	• Permanent storage area for all recordable accident cases (injury/illness, vehicle, and property) • Permanent storage area for work hours • Permanent storage area for vehicle usage • Permanent storage area for property valuation

The process of compiling and submitting a recordable accident report using CAIRS Direct Data Entry is illustrated in Figure 1 on the next page.

Five Steps to Compiling and Submitting a Recordable Accident Report Using CAIRS Direct Data Entry

Info Received
CAIRS Direct Data Entry
(DDE) user receives
information on a
recordable case.

Add a New Case
The CAIRS DDE user accesses
the CAIRS DDE module and
begins entering the accident
report information.

Check Input
When all available data concerning
the recordable case has been
entered, the CAIRS DDE user
begins the process to validate
the record (click **CHECK INPUT**).

Submit to Workspace
After all data fields have passed the
system validation process, the report
is placed in the Workspace (click
SUBMIT TO WORKSPACE). *Note:* The
CAIRS DDE user should notify any
local staff member who is required to
approve reports prior to submission
to the production system that the
report is available for review.

Submit to Production
When the validated record has been
approved, the CAIRS DDE user
submits it to CAIRS Production
System (click SUBMIT TO PRODUCTION.)
This moves the record from the Workspace
area of CAIRS to the Production area,
Where it is immediately available for
all CAIRS users through
the search and report features.

Figure 1. CAIRS Process Diagram

General Access to CAIRS Direct Data Entry Functions

The following steps are required to allow access to CAIRS Direct Data Entry functions for field personnel:

1. The individual requiring access to CAIRS Direct Data Entry should complete and forward a copy of the "Access to CAIRS Privacy Information" document according to the instructions on the document.

2. Typically, within 3 business days, the new user will be provided with information to access the training application for CAIRS Direct Data Entry. All new users of CAIRS Direct Data Entry are required to complete a short on-line training session prior to accessing the production system. The training session provides the user with information on several test cases. The new user is required to simulate the data entry process by using the data from the test cases to enter information into the training database.

3. Upon completion of the training exercise, the new user should contact the CAIRS Program Manger by e-mailing CAIRS_Support@eh.doe.gov.

4. Typically, within 2 days of notification of completion of the training exercise, the new user should receive notification of approval to access CAIRS Direct Data Entry.

Data Entry–Accident Cases

The initial release of CAIRS Direct Data Entry allows the reporting organization two new options for submitting accident reports. In the past, a reporting organization would submit a hard copy of accident reports to the CAIRS Data Coordinator (CDC) for entry into the system. Although still available, this option eventually will be phased out. Using the direct data entry features, each organization may enter the entire accident report into the system, or, for a limited time, they may opt to enter a partial report. A partial report would include completion of all data fields in the 5484.3 form except for the seven~~six~~ data fields that include supplemental detail coding. ~~The option to submit a partial report will also eventually be phased out.~~ In the past, the information contained in these ~~six~~ data fields has been coded by the CDC. During the transition period, users will be encouraged to complete the entire form but will be allowed to leave the ~~six~~ seven supplemental data fields for the CDC to complete until they become familiar with the codes.

Direct Data Entry for Partial Accident Reports – Select Data Fields Coded by CDC

A partial report is an accident report that has all required data fields complete except for any of the following: (1) Target of damage (property cases only), (2) Loss event code, (3) Body Part Injured (injury/illness cases only), (4) Nature of Injury (injury/illness cases only), (5) Source, (6) Other materials, substances or equipment, and (7)

Occupation. Organizations that choose to submit partial reports agree to have the CAIRS Data Coordinator complete any or all of these data fields.

The following steps will be followed for organizations that perform electronic entry of partial reports:

1. Authorized CAIRS Direct Data Entry personnel for the reporting organization(s) will enter the required report information (DOE Form 5484.3 data) using the CAIRS Case Input page. The last question on the input page, "Have Data Specialist Finish Coding?" should be checked "yes."

2. If needed, the CDC will contact CAIRS Direct Data Entry personnel for the reporting organization will be contacted by E-mail or telephone to obtain additional information to complete the coding.

Direct Data Entry for Complete Accident Reports

The following steps include the procedures for organizations using CAIRS Direct Data Entry to provide the information for all data fields in the report

1. Authorized CAIRS Direct Data Entry personnel for the reporting organizations will enter the data needed to complete an accident report, including all coded fields, using the CAIRS Case Input page.

2. The CAIRS Direct Data Entry personnel will submit the complete report to the production space. (NOTE: Prior to submission to the production space, the report MUST be submitted to the workspace for electronic validation.)

Direct Data Entry–Property Valuation

The following steps include the procedures needed to use CAIRS Direct Data Entry to electronically submit property valuation records:

1. Authorized CAIRS Direct Data Entry personnel for the reporting organization will enter property valuation information directly into the workspace using the Exposure Data Input page.

2. Authorized personnel will submit the information to the production space. (NOTE: Prior to submission to the production space, the report MUST be submitted to the workspace for electronic validation.)

Direct Data Entry–Quarterly Workhours and Vehicle Usage

The following steps include the procedures needed to use CAIRS Direct Data Entry to electronically submit workhours and vehicle usage information:

1. Authorized CAIRS Direct Data Entry personnel for the reporting organizations will enter exposure data (workhours and/or vehicle usage) directly into the workspace using the Exposure Data Input page.

2. Authorized personnel will submit the records into the production space. (NOTE: Prior to submission to the production space, the report MUST be submitted to the workspace for electronic validation.)

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Accessing CAIRS Direct Data Entry

You can connect to CAIRS either over a direct Ethernet (network) connection to the Internet or over an Internet connection via an Internet Service Provider.

Connecting to CAIRS via Ethernet

Open your Internet browser and access the CAIRS logon dialog box by entering the URL (Internet address): https://cairs.tis.eh.doe.gov/cairs/cairs.asp

Connecting to CAIRS via an Internet Service Provider

When you logon to the Internet via an Internet Service Provider (ISP), you will be required to enter the user-id and password supplied by the ISP. After you enter your ISP user-id and password and your Internet connection is established, you can access CAIRS by entering the URL: https://cairs.tis.eh.doe.gov/cairs/cairs.asp

NOTE   If you need further assistance with connecting and logging onto CAIRS, please direct your questions to the ES&H Helpline at (800) 473-4375 or send an e-mail message to CAIRS_Support@eh.doe.gov.

Establishing the CAIRS Connection

1. Start the Netscape browser by double-clicking the Netscape icon.
    or
    Start the Internet Explorer browser by double-clicking the Internet Explorer icon.

2. If this is the first time you are logging into CAIRS Direct Data Entry, type the Internet address into the **LOCATION** field as shown in Figure 2 below. (If you are using Internet Explorer, it will be called the **ADDRESS** field, but the entry is the same.) If you have previously bookmarked the location, you can access CAIRS from your Bookmark or Favorites menu.

Location: https://cairs.tis.eh.doe.gov/cairs/cairs.asp
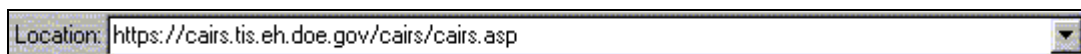
Figure 2. LOCATION Field Input

3. In the **USERNAME AND PASSWORD REQUIRED** dialog box (Figure 3), enter your assigned CAIRS user ID in the User Name field. In the Password field, enter your CAIRS password. Then click the **OK** button. (If you are using Internet Explorer, your dialog box will be slightly different.)

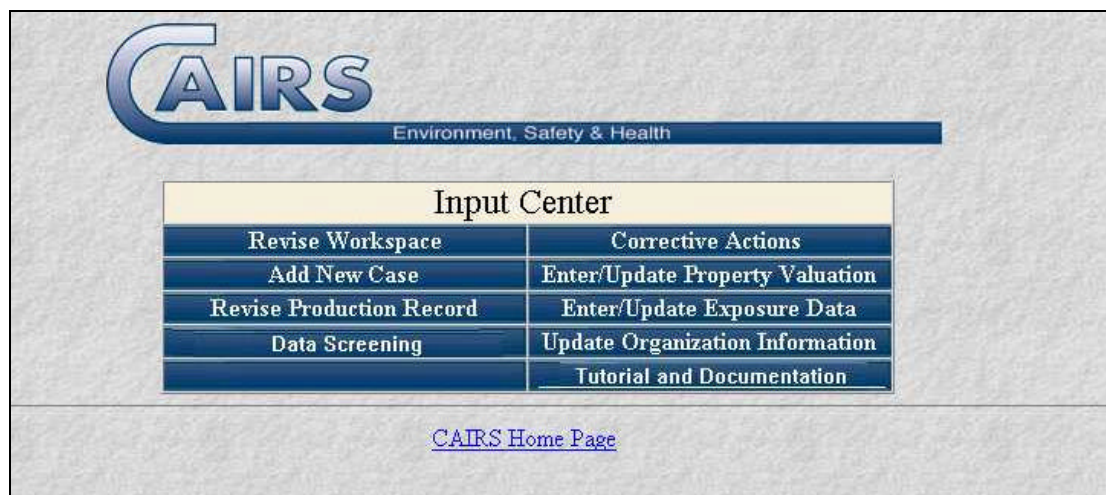**Figure 3. USERNAME AND PASSWORD REQUIRED Dialog Box**

NOTE   To obtain your CAIRS user-id and password, you can either send an e-mail
to CAIRS_Support@eh.doe.gov or, if you are unable to e-mail, call the
ES&H Helpline at (800) 473-4375. You will be sent registration forms to
complete, including the form to access privacy information.

4. Because CAIRS contains sensitive information, the database is maintained on a
    secure server, and all data transmittals to and from the server are encrypted to
    ensure privacy. Both Netscape and Internet Explorer display special icons to signify
    secure site access.

The Netscape icon is a key displayed at the bottom left of the window. The key
is broken for a non-secure site. (Internet Explorer displays it on the lower
right.)

Once you have logged on, the Input Center page opens as shown in Figure 4. The
rectangular buttons correspond to different pages for data input or access.

Figure 4. Input Center Page

The Input Center page offers the following choices for your next action. You can click any of the buttons shown in Table 2, below.

Table 2: Input Center Options

Button	Function
Revise Workspace	Displays CAIRS cases: • entered into the workspace but not moved to production, and • all nonrecordable cases. Allows you to see at a glance what cases have been entered, related dates, who performed the data entry, and other pertinent information.
Add New Case	Displays the CAIRS Case Input page from which you can make the appropriate selections to begin data entry.
Revise Production Record	Use this page to search for recordable cases once they have been moved to the production environment. This allows you to access cases in production for update or revision.
Data Screening	Use to search for accident cases that meet specific criteria, in production, workspace, or both. The primary search fields available are accident year and/or month, accident time, organization, accident type, employee, add date, modification date, or CASE ID.
Enter/Update Property Valuation	Enter and update facility property valuation amounts for the calculation of loss rates.
Enter/Update Exposure Data	Enter and edit workhours and vehicle usage information for your organization.
Update Organization Information	Use to verify or update the mailing address and telephone number for the specific organization.
Tutorial and Documentation	Download the CAIRS Direct Data Entry user manual and other CAIRS documentation. You can also take an online tutorial for CAIRS Direct Data Entry.

Entering a New Case in CAIRS

There are four types of accident cases that require entry into CAIRS: injury, illness, vehicle, and property. Entering a new case of any type begins on the **CAIRS CASE INPUT** page, as shown in Figure 5, below. The four data fields on this page must be completed. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame on the right side of the page.

Description of the five fields shown and instructions for their entry are shown in Table 3 on the following page.

Figure 5. CAIRS CASE INPUT Page

Table 3: Description of Fields in the CAIRS CASE INPUT Page

Field Name	Description	Instructions	Comments
ORGANIZATION	Organization is a seven-character code that identifies the reporting organization. The first two characters represent the field office. The third character specifies an area office, if there are any under the field office. The fourth through sixth characters specify the DOE or DOE contractor organization. The seventh character represents an operation type such as production, research, government, etc.	Select the reporting organization from the ORGANIZATION selection box. If you are only authorized to enter for one organization, it will already be selected for you. The default for this field is your jurisdiction organization. **Note:** You will only be shown organization(s) for which you are authorized to perform data entry. This field **is required** for all reports.	
CASE NUMBER	All cases, recordable and nonrecordable, must be given a unique 7-digit CASE NUMBER that contains the year followed by a sequential number for a given reporting organization. The first four digits of the case number represent the accident year, e.g. the tenth accident of 2001 is numbered 2001010.	Enter the next unused case number for the year of the accident/incident. **Note:** The system will return an error message if you enter a case number that is already in use for a case that has been submitted to production.	Numbers may be skipped if you have nonrecordable cases that already have been assigned numbers.

Field Name	Description	Instructions	Comments
ACCIDENT TYPE	Accident type is a coded field and identifies the type of accident that occurred. The selection box includes both recordable and nonrecordable injuries, illnesses, property damage, and vehicle damage cases.	Select the code from the **ACCIDENT TYPE** selection box. The default for this field is **Injury**. This field **is required** for all reports.	The nonrecordable choices are selected when the case is no longer recordable. It can also be used to track nonrecordable cases for your site.
EMPLOYEE OPERATOR?	For property damage cases, this is a coded field and indicates if there was an employee operator of some equipment involved in the accident.	Select the code from the **EMPLOYEE OPERATOR?** selection box. The default for this field is **Yes**. This field **is required** for all reports.	If **Yes** is selected, you will be allowed to input employee information, otherwise this information is not collected. Note that for Injury, Illness, and Vehicle cases, this field is always set to **Yes** and you will always be prompted for employee information.
MULTI-ORG CASE?	This field is used to identify whether an accident is associated with one or more different reporting organizations.	If the accident is associated with one or more cases in different reporting organizations, select **Yes**. The default for this field is **No**. This field **is required**.	If the answer is **Yes**, contact the CAIRS data administrator at the Helpline, (800) 473-4375. You will be given a multiple case code to enter on the next screen with the case information.

After you have input values for these fields, click the **NEXT PAGE** button to open the data entry page for the new case.

NOTE
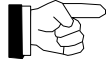
The first time you create a new report or revise a previously submitted report for an organization, the **ORGANIZATION INFORMATION VERIFICATION** page will open. Simply click the **INFO IS CORRECT** button and continue with the case data entry. To change this information, click the **INFO IS INCORRECT** button and you will be prompted for a correction.

To enter an injury case, follow the instructions that start on page 22.
To enter an illness case, follow the instructions that start on page 24.
To enter a property damage case, follow the instructions that start on page 26.
To enter a vehicle case, follow the instructions that start on page 27.

Entering an Injury Case

You will begin entering data for a new injury case in the **NEW INJURY CASE** page shown in Figure 6.

Figure 6. NEW INJURY CASE Page: General Information Section

Like the **CAIRS CASE INPUT** page, this page is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame.

> **NOTE** The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the injury case fields in the data entry frame.

The **ORGANIZATION, CASE NUMBER,** and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The injury case information is divided into five sections: General Information (see page 32), Employee Information (see page 36), Injury/Illness (OSHA) Information (see page 40 and Figure 7, below), Equipment/Hardware/Vehicle Involved (see page 44), and Narrative Guide (see page 46).

Figure 7. NEW INJURY CASE Page: Injury/Illness (OSHA Information) Section

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 30.

Entering an Illness Case

You will enter the data for a new illness case in the **NEW ILLNESS CASE** page shown in Figure 8, below.

Figure 8. NEW ILLNESS CASE Page: General Information

This page is almost identical to the **NEW INJURY CASE** page. It is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame.

NOTE   The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the illness case fields in the data entry frame.

The **ORGANIZATION, CASE NUMBER,** and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The illness case information is divided into five sections: General Information (see page 32), Employee Information (see page 36), Injury/Illness (OSHA) Information (see page 40), Equipment/Hardware/Vehicle Involved (see page 44), and Narrative Guide (see page 46 and Figure 9, below).

Figure 9. NEW ILLNESS CASE Page: Narrative Guide Section

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 30.

Entering a Property Damage Case

You will enter the data for a new property damage case in the **NEW PROPERTY DAMAGE CASE** page shown below (Figure 10).

Figure 10. NEW PROPERTY DAMAGE CASE Page: General Information

Like the **CAIRS CASE INPUT** page, this page is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame. Note that the operator information fields are only displayed if the **EMPLOYEE OPERATOR** field on the **CAIRS CASE INPUT** page is marked Yes.

NOTE

The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the property case fields in the data entry frame.

The **ORGANIZATION, CASE NUMBER,** and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The property damage case information is divided into five sections: General Information (see page 32), Employee Information (see page 36), Property Damage Information (see page 52 and Figure 11, below), Equipment/Hardware/ Vehicle Involved (see page 44), and Narrative Guide (see page 46).

Figure 11. NEW PROPERTY DAMAGE CASE Page: Property Damage Section

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 30.

Entering a Vehicle Accident Case

You will enter the data for a new vehicle accident case in the **NEW VEHICLE CASE** page shown in Figure 12, below.

Figure 12. NEW VEHICLE CASE Page: General Information Section

Like the other case types, the **NEW VEHICLE CASE** page is divided into two frames: data entry on the left and help on the right. Clicking a blue, underlined field name (a hypertext link) will display help for that field in the help frame.

NOTE   The help may consist of either instructions on which data should be added to this field or a list of coded categories. You will enter the vehicle accident case fields in the data entry frame.

The **ORGANIZATION, CASE NUMBER,** and **ACCIDENT TYPE** fields display the case identification values you specified on the **CAIRS CASE INPUT** page.

The vehicle case information is divided into five sections: General Information (see page 32), Employee Information (see page 36), Vehicle Damage Information (see page 55 and Figure 13), Equipment/Hardware/Vehicle Involved (see page 44), and Narrative Guide (see page 46).

Figure 13. NEW VEHICLE CASE Page: Vehicle Damage Section

After you enter the complete case, you will process the record by clicking one of the buttons located at the bottom of the data entry frame. These buttons are explained on page 30.

Command Button Descriptions

When you finish entering an accident case, click the **CHECK INPUT** button to begin system validation. If the case passes the system validation process, save it to the workspace. If no errors or omissions are identified at the top of the page, the case has passed the validation process. Figure 14 shows a case that has been returned with validation errors. Table 4 provides the name of each button and describes its use.

Click the **SUBMIT TO WORKSPACE** button to save the case to the Workspace. If the case is incomplete, you can open and complete it from the Workspace. When it is complete, notify any local staff member from your organization, who is required to review/approve reports prior to submitting them to production, that the report is available for review in the Workspace.

Once the record is complete and has been approved for submission to the Production system, click the **SUBMIT TO PRODUCTION** button to move the report from the Workspace to the Production system.

Table 4. Description of buttons on the NEW CASE or REVISE CASE pages

Button Name	Description
SUBMIT TO WORKSPACE	The **SUBMIT TO WORKSPACE** button saves the report to the Workspace. To open this report for refinement, click the **REVISE WORKSPACE** button on the **INPUT CENTER** page and then click the hyperlink for the appropriate CaseID in the CAIRS CASES in the Workspace.
CHECK INPUT	The **CHECK INPUT** button begins system validation and lists any errors that are found. Scroll down the page to view the form and make corrections required to submit the report. Any error identified by the system must be corrected prior to submitting cases to Production.
SUBMIT TO PRODUCTION	The **SUBMIT TO PRODUCTION** saves the completed and validated case to the Production space. This report can be retrieved for revision by clicking the **REVISE PRODUCTION RECORD** button on the **INPUT CENTER** page and then entering the appropriate CaseID, date, or employee name.
START OVER	The **START OVER** command button returns you to the **CAIRS CASE INPUT** page, and you will lose the information you just entered.

Figure 14. Case with Validation Errors

Entering Data in Specific CAIRS Fields

General Information Fields

Table 5. Description of GENERAL INFORMATION fields

Field Name	Description	What you do	Comments
ORGANIZATION	Reporting Organization. The organization is identified by a seven-character code.	No action is required on your part. The organization code specified on the previous page is displayed next to the field heading.	
MULTI-CASE NUMBER	Multiple case accidents/incidents are those that result in more than one recordable instance of injury, property damage, or vehicle damage, or combinations thereof. Each instance is reported separately, with the multiple case number serving as the link between the reports. This is a two-digit number.	Enter the number in the **MULTI-CASE NUMBER** edit box. There is no default for this field. This field **is required** for all multiple case events.	If the case involves two or more reporting organizations the **MULTI-ORG CASE?** field on the **CAIRS CASE INPUT** page will be marked **Yes** and you must specify a multiple case number that must be obtained from the CAIRS Data Coordinator.
ACCIDENT TYPE	The accident type field identifies the type of accident that occurred.	No action is required on your part. The accident type specified on the previous page is displayed next to the field heading.	You cannot change the accident type from here if you enter the wrong code.

Field Name	Description	What you do	Comments
INVESTIGATION TYPE	Investigation type is a coded field that identifies the investigation type that resulted from the accident.	Select the code from the **INVESTIGATION TYPE** selection box. The default for this field is **C**. This field **is required** for all reports.	See DOE Order 225 for information on how to classify these cases.
DEPARTMENT, DIVISION, OR ID CODE	Department or Division is a narrative field that is defined by the reporting organization and can be used for identifying subgroups within an organization.	Enter the department code into the **DEPARTMENT, DIVISION, OR ID CODE** edit box. There is no default for this field. This field **is required** for all reports.	
OCCURRENCE DATE	Date of occurrence is an eight-digit field that indicates the date the accident occurred.	Enter the date into the **OCCURRENCE DATE** edit box. The default in this field is the current date. This field **is required** for all reports.	The format is YYYYMMDD. If the occurrence date is not known, the date of diagnosis or discovery may be entered.

Field Name	Description	What you do	Comments
ACCIDENT TIME	Time of occurrence. A two-digit field that indicates, in military time, the time the accident occurred.	Select the time from the **ACCIDENT TIME** selection box. The current time is the default for this field. This field **is required**.	EXAMPLE: If the accident occurred at 7:00 a.m., you would select 07; if the accident occurred at 7:00 p.m., you would select 19.
TIME EMPLOYEE/OPERATOR BEGAN WORK	This is a two-digit field that indicates, in military time, the time the employee began work.	Select the time from the **TIME EMPLOYEE BEGAN WORK** selection box. This is a new database field. There is no default for this field. This field is not required.	
ACCIDENT OCCURRED	This is a coded field and indicates where the accident occurred.	Select the code from the **ACCIDENT OCCURRED** selection box. There is no default for this field. This field **is required** for all reports.	

Field Name	Description	What you do	Comments
ON EMPLOYER'S PREMISE	This is a coded field and indicates whether or not the accident occurred on the employer's premises.	Select the code from the **ON EMPLOYER'S PREMISE** selection box. There is no default for this field. This field **is required** for all reports.	
SPECIFIC LOCATION	This field is a narrative field and contains the specific location of the accident.	Enter the location into the **SPECIFIC LOCATION** edit box. There is no default for this field. This field **is required** for all reports.	

Employee Information and Operator Information Fields

Table 6. Description of EMPLOYEE INFORMATION or OPERATOR INFORMATION fields

Field Name	Description	What you do	Comments
NAME	This is a narrative field and is the name of the injured/ill employee.	Enter the last name into the first NAME edit box, the first name into the second NAME edit box, and the middle initial into the third NAME edit box. This field (last and first name only) **is required** for all injury/illness events. This field is not displayed for property or vehicle events.	
HOME ADDRESS	This is a narrative field and is the home address of the injured/ill employee.	Enter the address into the HOME ADDRESS edit box. This field is not required. This field is not displayed for property or vehicle events.	.
S.S./I.D. NUMBER	This is a narrative field and is the social security number or identification number of the injured/ill employee.	Enter the social security number or identification number into the S.S./I.D. NUMBER edit box. This field **is required** for all injury/illness events. (It does not appear for property or vehicle events.)	When you enter the social security number or identification number, do not enter dashes.

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Field Name	Description	What you do	Comments
DATE OF BIRTH OR AGE	This field indicates the age of the employee involved in the accident. Date of birth is an eight-digit field that indicates the date of the employee's birth. Age is a two-digit field.	For date of birth, enter the date into the **DATE OF BIRTH** edit box. For age, enter the age into the **AGE** edit box. Either Date of Birth or Age field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	The format for Date of Birth is YYYYMMDD.
GENDER	Gender is a coded field and indicates the sex of the employee involved in the accident.	Select the code from the **GENDER** selection box. This field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	
JOB TITLE	This is a narrative field and contains the contractor-specific job title or occupation of the employee involved in the accident.	Enter the job title into the **JOB TITLE** edit box. This field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	

Field Name	Description	What you do	Comments
OCCUPATION	This is a four-character coded field that identifies the generic occupation of the employee involved in the accident/incident.	Select the four-character code from the Help frame. The code will automatically be entered into the **OCCUPATION** edit box. This field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	Click the occupation hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix A of this manual to select this code.
HIRE DATE OR LENGTH OF EMPLOYMENT	This field identifies the length of time the employee who was involved in the accident has been employed with this employer. Hire date is an eight-digit field that indicates the date of the employee's hire. Length of employment is a coded field.	For hire date, enter the date into the **HIRE DATE** edit box. For length of employment, select the code from the **LENGTH OF EMPLOYMENT** selection box. Entry into either the Hire Date or Length of Employment field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	Hire date format is YYYYMMDD.

Field Name	Description	What you do	Comments
EXPERIENCE ON JOB/EQUIPMENT	This is a coded field that identifies the experience of the employee with the particular job or equipment that was involved in the accident.	Select the code from the **EXPERIENCE ON JOB/EQUIPMENT** selection box. This field **is required** for all injury/illness events and vehicle accidents and all property damage events where an equipment operator is listed.	

Select Data Fields for Injury and Illness Cases

Table 7. Description of fields

Field Name	Description	What you do	Comments
OSHA CLASSIFICATION CODE	This field is a code that represents the type of injury or illness.	For injury cases, no action is required on your part; the injury code is displayed next to the field name. For illness cases, select the correct illness code from the **OSHA CLASSIFICATION CODE** edit box. This field **is required** for all injury/illness events.	
WORKDAYS LOST (DAYS AWAY)	Workdays lost is a numeric field that indicates the number of workdays lost due to the injury or illness.	Input the number of days into the **WORKDAYS LOST** edit box. This field **is required** for all injury/illness events.	If the employee has not returned to work, it should contain an estimate of the expected days away from work. (If a number is not entered, the system enters zero.)
WORKDAYS RESTRICTED (DAYS RESTRICTED)	Workdays restricted is a numeric field that indicated the number of workdays restricted (days during which the injured/ill employee could not perform their normal work function) due to the injury or illness.	Input the number of days into the **WORKDAYS RESTRICTED** edit box. This field **is required** for all injury/illness events.	If the employee is still on restricted status, it should contain an estimate of the restricted workdays. (If a number is not entered, the system enters zero.)

Field Name	Description	What you do	Comments
DEATH	Death is a coded field that indicates whether the injured or ill employee died.	Select the code from the **DEATH** selection box. The default for this field is **No**. This field **is required** for all injury/illness events.	
DATE	Date is an eight-digit field that indicates the date of the injured or ill employee's death.	Enter the date into the **DATE** edit box. There is no default for this field. This field **is required** if **DEATH** is marked **Yes**.	Date format is YYYYMMDD.
TRANSFERRED	Transferred is a coded field that indicates if the injured or ill employee was <u>permanently</u> transferred to a different job because of disability related to the injury or illness.	Select the code from the **TRANSFERRED** selection box. The default for this field is **No**. This field **is required** for all injury/illness events.	
TERMINATED	Terminated is a coded field that indicates if the injured or ill employee was terminated because of disability related to the injury or illness.	Select the code from the **TERMINATED** selection box. The default for this field is **No**. This field **is required** for all injury/illness events.	

Field Name	Description	What you do	Comments
EMPLOYEE BACK TO WORK	Employee back to work is a coded field that indicates whether the injured or ill employee has returned to work with no further anticipated workdays lost or restricted.	Select the code from the **EMPLOYEE BACK TO WORK WITH NO FURTHER ANTICIPATED WORKDAYS LOST OR RESTRICTED?** selection box. This field **is required** for all injury/illness events.	
BODY PART INJURED	This field identifies the part of the body that was directly affected by the injury or illness.	Enter the body part code into the **BODY PART INJURED** edit box. This field **is required** for all injury/illness events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix B of this manual to select this code.
NATURE OF INJURY/ILLNESS	This field identifies the principal physical characteristic of the injury or illness.	Enter the injury type code into the **NATURE OF INJURY** edit box. This field **is required** for all injury/illness events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix C of this manual to select this code.
HEALTH CARE PROVIDER	This is a narrative field and is the name and address of the health care provider.	Enter the name and address into the **NAME AND ADDRESS OF HEALTH CARE PROVIDER** edit box. This field is not required.	

Field Name	Description	What you do	Comments
HOSPITALIZED OVERNIGHT?	Hospitalized overnight is a coded field that indicates if the employee was hospitalized beyond the day of the accident as a result of the injury/illness.	Select the code from the **HOSPITALIZED OVERNIGHT?** selection box. This field **is required**.	If yes is selected, you must enter the name of the hospital (see below).
HOSPITAL	This is a narrative field and is the name and address of the treatment facility if treatment was given offsite.	Enter the name and address into the **IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL** edit box. This field is only required if Yes in selected for Hospitalized Overnight.	

Equipment/Hardware/Vehicle Involved Fields

Table 8. Description of EQUIPMENT/HARDWARE/VEHICLE INVOLVED fields

Field Name	Description	What you do	Comments
SOURCE* *Primary Material Code appears for error message.	This field is a four-character coded field and identifies the object, substance, bodily motion, or exposure that produced or inflicted the injury/illness. This field is not displayed for vehicle or property events.	Enter a four-character source code into the **SOURCE** edit box. This field **is required** for all reports.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix D of this manual to select this code.
OTHER MATERIAL, SUBSTANCE, OR EQUIPMENT	This is a four-character coded field. For injury or illness events, this field identifies the object or substance that generated the source of injury or illness or that contributed to the event or exposure. For property damage and vehicle accident events, this field identifies the object or substance that primarily caused the accident.	Enter one to three four-character other material, substance, or equipment codes into the **OTHER MATERIAL, SUBSTANCE, OR EQUIPMENT** edit boxes. This field is not required.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.
EQUIPMENT DESIGN	Equipment design is a coded field and indicates if an equipment design or defect contributed to the accident cause or severity.	Select the code from the **DID EQUIPMENT DESIGN OR DEFECT CONTRIBUTE TO ACCIDENT CAUSE OR SEVERITY?** selection box. This field is not required.	

Field Name	Description	What you do	Comments
PERSONAL PROTECTIVE EQUIPMENT USED	Personal protective equipment used is a four-character field and identifies the personal protective equipment that was in use at the time of the injury or illness accident.	Enter one to three four-character PPE codes into the **PERSONAL PROTECTIVE EQUIPMENT USED** edit boxes. This field is not required. It is not displayed for property or vehicle events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix E of this manual to select this code.

Narrative Guide Fields

Table 9. Description of NARRATIVE GUIDE fields

Field Name	Description	What you do	Comments
ACTIVITY	Activity is a narrative field that describes the activity or assignment that was in progress at the time of the accident.	Enter the narrative text into the **ACTIVITY** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., employee was exiting the building.
ACTIVITY CODE	Activity code is a four-character field and identifies the primary activity that was in progress at the time that the accident.	Enter the four-character activity code into the **ACTIVITY CODE** edit box. This field **is required** for all reports.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix F of this manual to select this code.
EQUIPMENT/MATERIAL/CHEMICALS	Equipment/Material/Chemicals field is a narrative field and provides a description of the equipment item(s) involved in the injury or illness accident, including generic or brand name, model, and, as applicable, the identification number of the equipment, hardware, or vehicle involved.	Enter the material/chemicals equipment narrative text into the **EQUIPMENT/MATERIAL/CHEMICALS** edit box. This field is not required. It is not displayed for property or vehicle events.	

Field Name	Description	What you do	Comments
EVENTS	Events is a narrative field and contains a sequential description of the events associated with an accident, beginning with the initiating event, followed by secondary events, and concluding with the extent of the injury/damage.	Enter the events narrative text into the **EVENTS** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., he slipped on the wet floor and broke his right toe.
LOSS EVENT CODE	Loss Event is a four-character code. For injury or illness events, this field describes the manner in which the injury or illness was produced or inflicted by the source of injury or illness. For vehicle accidents, this field identifies the event or exposure that primarily caused or contributed to the accident.	Enter the four-character event code into the **LOSS PRODUCING EVENT** edit box. This field **is required** for all injury, illness, and vehicle accident events. This field is not displayed for property events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame. Follow the guidelines in Appendix G of this manual to select this code.
ACCIDENT CAUSES - DIRECT	This is a coded field and identifies the factor, condition, or action that was the primary cause of the accident.	Check the cause code from the **CAUSE DIRECTLY RELATED TO** selection area. This field **is required** for all reports.	Only one direct cause can be selected.
ACCIDENT CAUSES— INDIRECT	This is a coded field and This field identifies the factors, conditions, or actions that were indirect contributors to the accident.	Check the cause code(s) from the **CAUSE INDIRECTLY RELATED TO** selection area. This field is not required.	Multiple indirect causes can be selected.

Field Name	Description	What you do	Comments
ACCIDENT CAUSES— CONDITIONS	This is a narrative field that contains the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).	Enter the narrative text into the **CONDITIONS** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker had not disconnected power.
ACCIDENT CAUSES— ACTIONS	This is a narrative field that contains the actions on the part of the employee that contributed to the occurrence of the accident/incident.	Enter the narrative text into the **ACTIONS** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., employee tripped on step.
ACCIDENT CAUSES— FACTORS	This is a narrative field that contains the influencing factors or underlying causes (conditions or actions or both) that contributed to the accident/incident.	Enter the factors narrative text into the **FACTORS** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker had spilled water on floor.

Field Name	Description	What you do	Comments
CORRECTIVE ACTIONS— ACTIONS TAKEN	This is a narrative field that describes the actions taken to prevent recurrence of accident/incident.	Enter the actions taken narrative text into the **ACTIONS TAKEN** edit box. If the risk is acceptable, corrective action may not be necessary (e.g., the narrative field is blank). In this case, enter the word **None** into the **ACTIONS TAKEN** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., coworker assisted employee to chair.
CORRECTIVE ACTIONS— ACTIONS RECOMMENDED	This is a narrative field that describes the corrective actions planned by line management that require time for implementation.	Enter the actions recommended narrative text into the **ACTIONS RECOMMENDED** edit box. If the risk is acceptable, corrective action may not be necessary. In this case, enter the word **None** into the **ACTIONS RECOMMENDED** edit box. This field **is required** for all reports.	Do not include the name (or other personal identifiers) of the employee/operator or witness in this edit box. Use third person references, e.g., supervisor will provide training.
CORRECTIVE ACTIONS— TO BE COMPLETED BY	This is an eight-digit field that indicates the date by which the planned corrective actions must be complete.	Enter the date into the **TO BE COMPLETED BY** edit box. This is not a required field.	The format for date is YYYYMMDD.

Field Name	Description	What you do	Comments
ACCIDENT INVESTIGATOR	This is a narrative field that contains the name of the accident investigator who can be contacted for follow-up.	Enter the name of the investigator into the **ACCIDENT INVESTIGATOR** edit box. This field **is required** for all injury/illness events.	
ACCIDENT INVESTIGATOR SIGNATURE DATE	This is an eight-digit field that indicates the date of signature of the person who completed the form.	Enter the date into the **SIGNATURE DATE** edit box. This field **is required** for all injury/illness events.	The format for date is YYYYMMDD.
INVESTIGATOR TELEPHONE	This is a 12-character field that contains the telephone number of the accident investigator.	Enter the phone number into the **INVESTIGATOR TELEPHONE** edit box. This field **is required** for all injury/illness events.	A suggested format for phone number is NNN-NNN-NNNN.
OFFICIAL POSITION	This field contains the investigators job title.	Select the radio button that best describes the job title. If **Other** is selected, enter the job title in the **OTHER** edit box. This field **is required** for all injury/illness events.	

Field Name	Description	What you do	Comments
SUPERVISOR RESPONSIBLE FOR CORRECTIVE ACTION	This is a narrative field that contains the name of the cognizant supervisor who, by his signature, concurs in and assures corrective action implementation.	Enter the name of the supervisor into the **SUPERVISOR RESPONSIBLE FOR CORRECTIVE ACTION** edit box. This is not a required field.	
SUPERVISOR SIGNATURE DATE	This is an eight-digit field that indicates the date of signature of the supervisor responsible for corrective action.	Enter the date into the **SIGNATURE DATE** edit box. This is not a required field.	The format for date is YYYYMMDD.
SUPERVISOR TELEPHONE	This is a 12-character field that contains the telephone number of the supervisor.	Enter the phone number into the **SUPERVISOR TELEPHONE** edit box. This is not a required field.	A suggested format for phone number is NNN-NNN-NNNN.
INVESTIGATION CONTACT	This is a narrative field that contains the name of the investigation contact if different from the accident investigator.	Enter the name of the investigation contact into the **INVESTIGATION CONTACT** edit box. This is not a required field.	
INVESTIGATION CONTACT TELEPHONE	This is a 12-character field that contains the telephone number of the investigation contact.	Enter the phone number into the **TELEPHONE** edit box. This is not a required field.	A suggested format for phone number is NNN-NNN-NNNN.

Property Damage Fields

Table 10. Description of PROPERTY DAMAGE fields

Field Name	Description	What you do	Comments
PROPERTY LOSS TYPE	Property Loss Type is a two-character coded field that indicates the type of property damage that was incurred in the event.	Select the two-character property loss type code into the **PROPERTY LOSS TYPE** edit box. This field **is required** for all property events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.
DAMAGE - TOTAL	Total damage is a numeric field and is the total dollar amount (rounded to the nearest dollar) of accident damage. Total damage includes both DOE and Non-DOE damages.	No action is required on your part.	The total damage is calculated when you submit or validate the report. The total will be displayed next to the field name.
DAMAGE - DOE	DOE damage is a numeric field and contains the damage amount in dollars (rounded to the nearest whole dollar) of accident damage to DOE or DOE contractor owned or controlled property or equipment	Enter the damage into the **DOE** edit box. The default for this field is **0**. This field **is required** for all property events.	

Field Name	Description	What you do	Comments
DAMAGE - NON-DOE	Non-DOE damage is a numeric field and contains the damage amount in dollars (rounded to the nearest whole dollar) of accident damage to non-DOE or non-DOE contractor property or equipment.	Enter the damage into the **NON-DOE** edit box. The default for this field is **0**. This field **is required** for all property events	
CLAIM AGAINST DOE	Claim Against DOE is a numeric field and contains the dollar claim against DOE for damage to non-DOE property.	Enter the claim into the **CLAIM AGAINST DOE** edit box. The default for this field is **0**. This field **is required** for all property events.	
CLAIM PAID BY DOE	Claim Paid by DOE is a numeric field and contains the dollar claim against DOE for damage to non-DOE property that was actually paid.	Enter the claim paid into the **CLAIM PAID BY DOE** edit box. The default for this field is **0**. This field **is required** for all property events.	
REIMBURSABLE TO DOE	Reimbursable to DOE is a numeric field and contains the dollar loss to DOE or DOE contractors (rounded to the nearest whole dollar) that should be reimbursed from private or non-DOE entities.	Enter the reimbursable amount into the **REIMBURSABLE TO DOE** edit box. The default for this field is **0**. This field **is required** for all property events.	

Field Name	Description	What you do	Comments
PAID TO DOE	Paid to DOE is a numeric field and contains the dollar loss to DOE or DOE contractors (rounded to the nearest whole dollar) that was actually paid by private or non-DOE entities.	Enter the amount paid into the **PAID TO DOE** edit box. The default for this field is **0**. This field **is required** for all property events.	
ARE DOLLAR AMOUNTS FINAL?	This is a coded field that indicates if the investigation is completed and all dollar amounts are final.	Select the code from the **ARE DOLLARS AMOUNTS FINAL?** selection box. The default for this field is **No**. This field **is required** for all property events.	
TARGET OF DAMAGE	Target of Damage is a four-character coded field that identifies the item, equipment, or system that was damaged by the accident	Select the four-character target code from the Help frame. This field **is required** for all property events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.

Vehicle Damage Fields

Table 11. Description of VEHICLE DAMAGE fields

Field Name	Description	What you do	Comments
VEHICLE TYPE	Vehicle Type is a three-character coded field that indicates the type of vehicle that was involved in the vehicle accident.	Select the three-character vehicle type code from the Help frame. This field **is required** for all vehicle events.	Click the corresponding hyperlink to view and select the permitted values in the Help frame.
SEAT BELTS	Seat belt is a coded field that indicates if the vehicle was equipped with seat belts and if the seat belts were worn.	Select the code from the **SEAT BELTS** selection box. The default for this field is **Equipped/Worn**. This field **is required** for all vehicle events.	
DID ACCIDENT INVOLVE RECORDABLE INJURY?	This field is a coded field and indicates if the accident resulted in a recordable injury.	Select the code from the **DID ACCIDENT INVOLVE RECORDABLE INJURY?** selection box. The default for this field is **No**. This field is not required.	If yes is selected, system requires a multi-case number.

Field Name	Description	What you do	Comments
DAMAGE - TOTAL	Total damage is a numeric field and is the total dollar amount (rounded to the nearest dollar) of accident damage. Total damage includes both DOE and Non-DOE damages.	No action is required on your part.	The total damage is calculated when you submit or validate the report. The total will be displayed next to the field name.
DAMAGE - DOE	DOE damage is a numeric field and contains the damage amount in dollars (rounded to the nearest whole dollar) of accident damage to DOE or DOE contractor owned or controlled property or equipment	Enter the damage into the **DOE** edit box.

The default for this field is **0**.

This field **is required** for all vehicle events. | |
| **DAMAGE - NON-DOE** | Non-DOE damage is a numeric field and contains the damage amount in dollars (rounded to the nearest whole dollar) of accident damage to non-DOE or non-DOE contractor property or equipment. | Enter the damage into the **NON-DOE** edit box.

The default for this field is **0**.

This field **is required** for all vehicle events | |
| **CLAIM AGAINST DOE** | Claim Against DOE is a numeric field and contains the dollar claim against DOE for damage to non-DOE property. | Enter the claim into the **CLAIM AGAINST DOE** edit box.

The default for this field is **0**.

This field **is required** for all vehicle events. | |
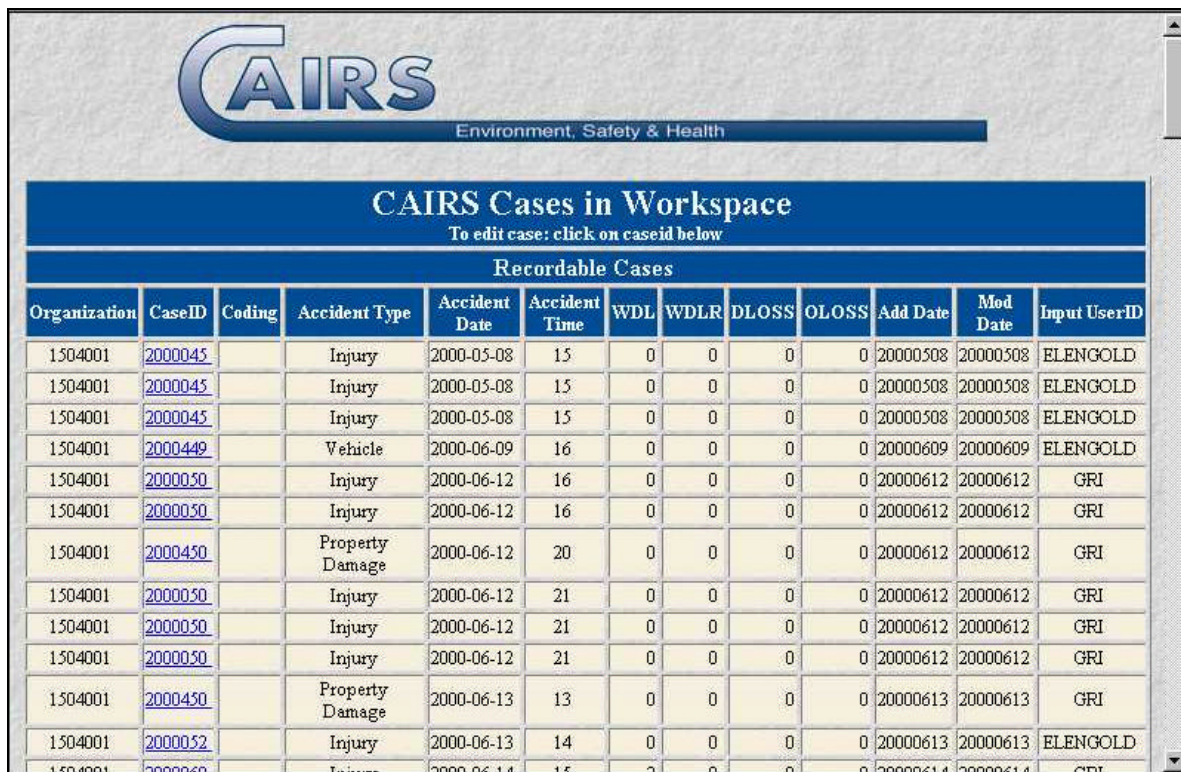
Field Name	Description	What you do	Comments
CLAIM PAID BY DOE	Claim Paid by DOE is a numeric field and contains the dollar claim against DOE for damage to non-DOE property that was actually paid.	Enter the claim amount paid into the **CLAIM PAID BY DOE** edit box. The default for this field is **0**. This field **is required** for all vehicle events.	
REIMBURSABLE TO DOE	Reimbursable to DOE is a numeric field and contains the dollar loss to DOE or DOE contractors (rounded to the nearest whole dollar) that should be reimbursed from private or non-DOE entities.	Enter the reimbursable amount into the **REIMBURSABLE TO DOE** edit box. The default for this field is **0**. This field **is required** for all vehicle events.	
PAID TO DOE	Paid to DOE is a numeric field and contains the dollar loss to DOE or DOE contractors (rounded to the nearest whole dollar) that was actually paid by private or non-DOE entities.	Enter the amount paid into the **PAID TO DOE** edit box. The default for this field is **0**. This field **is required** for all vehicle events.	

Field Name	Description	What you do	Comments
ARE DOLLAR AMOUNTS FINAL?	This is a coded field that indicates if the investigation is completed and all dollar amounts are final.	Select the code from the **ARE DOLLARS AMOUNTS FINAL?** selection box. The default for this field is **No**. This field **is required** for all vehicle events.	

Revising a Case in the Workspace

When you first enter a case, it must be saved to the Workspace using the Submit to Workspace button. If the case is incomplete, it will be stored there until you are ready to complete the data entry (Figure 15). If the codes are to be completed by the Data Specialist, the case will be stored in the Workspace until coding is completed and then submitted to production by the Data Specialist.

CAIRS Cases in Workspace
To edit case: click on caseid below

Recordable Cases

Organization	CaseID	Coding	Accident Type	Accident Date	Accident Time	WDL	WDLR	DLOSS	OLOSS	Add Date	Mod Date	Input UserID
1504001	2000045		Injury	2000-05-08	15	0	0	0	0	20000508	20000508	ELENGOLD
1504001	2000045		Injury	2000-05-08	15	0	0	0	0	20000508	20000508	ELENGOLD
1504001	2000045		Injury	2000-05-08	15	0	0	0	0	20000508	20000508	ELENGOLD
1504001	2000449		Vehicle	2000-06-09	16	0	0	0	0	20000609	20000609	ELENGOLD
1504001	2000050		Injury	2000-06-12	16	0	0	0	0	20000612	20000612	GRI
1504001	2000050		Injury	2000-06-12	16	0	0	0	0	20000612	20000612	GRI
1504001	2000450		Property Damage	2000-06-12	20	0	0	0	0	20000612	20000612	GRI
1504001	2000050		Injury	2000-06-12	21	0	0	0	0	20000612	20000612	GRI
1504001	2000050		Injury	2000-06-12	21	0	0	0	0	20000612	20000612	GRI
1504001	2000050		Injury	2000-06-12	21	0	0	0	0	20000612	20000612	GRI
1504001	2000450		Property Damage	2000-06-13	13	0	0	0	0	20000613	20000613	GRI
1504001	2000052		Injury	2000-06-13	14	0	0	0	0	20000613	20000613	ELENGOLD
1504001	2000060		Injury	2000-06-14	15	2	0	0	0	20000614	20000614	GRI

Figure 15. Workspace

To update or revise a case in the Workspace:

1. In the Input Center, click the **REVISE WORKSPACE** button.
2. In the Workspace page (shown above), click the desired CaseID. The case will open in the same page as when you input the case.
3. Enter your revisions.
4. Click the **SUBMIT TO WORKSPACE** button to return the case to the Workspace.
   or
   Click the **CHECK INPUT** button to verify that all required fields have been completed. If correct, the **SUBMIT TO PRODUCTION** button will then become active. Then you can

click the **SUBMIT TO PRODUCTION** button to save the case to the Production environment.

Revising a Case in Production

Even though a case is in Production, you can make changes or updates to the case if necessary (Figure 16).

Figure 16. Find Cases in Production

To revise a case in Production:

1. In the Input Center, click the **REVISE PRODUCTION RECORD** button.
2. In the CAIRS Case Revision page (shown above), specify the information about the case. **Hint:** The more specific information you can specify, the better the chance that CAIRS will isolate that record.
3. Click the **NEXT PAGE** button.
4. In the CAIRS Cases in Production page (Figure 17), a list of case(s) that match your criteria will display. If you are not sure which is the correct case, click each CaseID to open and view the case information.

Figure 17. List Cases in Production

5. In the **CAIRS Cases in Production** page, enter/revise the **WDL**, **WDLR**, **DLOSS**, and **OLOSS** as necessary and click the **SUBMIT CHANGES** button when done. Then, click CaseID to open a case and select Update Production Record.
6. To make other revisions, click the CaseID. The case will open in the same page as when you input the case.
7. Enter your revisions.
8. Click the **UPDATE PRODUCTION RECORD** button.

Entering/Updating Exposure Data

Exposure data are measurements of time or miles for which DOE and DOE contractor organizations are at risk of occupational injury or illness, or at risk for vehicle or other transportation craft accidents. Required by DOE Order 231.1 and using Form 5484.4, the data are collected quarterly and are used as the divisor in calculating incident, severity, and loss rates for a each specific organization and are summarized or rolled up to successive levels for DOE complex-wide performance evaluations.

To avoid early miscalculation of rates, the exposure data are not entered into the database until all accident cases have been successfully entered for the respective organizations for any given quarter.

Exposure values are recorded in hours or miles, as appropriate, and are rounded to the nearest whole number. To reduce the likelihood of data entry error, a warning message is displayed if the current exposure value varies more than 10 percent from the previous quarter's value. Table 12 lists the exposure codes, what they represent, and what data they require.

Table 12. Exposure Codes

Code	Representation	Input Data
AA	Workhours	Hours worked
GC	Cars, Light Trucks, Vans & Motorcycles	Number and Miles
TK	Trucks (1 ton and over)	Number and Miles
BU	Buses	Number and Miles
AF	Aircraft, Fixed Wing	Number and Hours
AR	Aircraft, Rotary	Number and Hours
MR	Marine	Number and Hours
RR	Railroad	Number and Miles
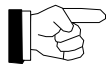
NOTE
- For cars, trucks, and buses, the number of vehicles and the total miles are recorded.
- For aircraft and marine, the number of craft and the hours operated are recorded.
- For railroad, the number of total railcars is recorded and the total miles traveled by the power unit only are recorded.

Some organization codes represent a grouping of subcontractors. Where this exists, the person responsible for entering their data should assure that all of the group's exposure information has been combined for the respective fields prior to input.

Entering Exposure Data

Exposure data input and update is limited to designated representatives. Figure 18 shows the Administer Exposure Data page.

To enter exposure data into CAIRS:

1. From the Input Center menu, select **ENTER/UPDATE EXPOSURE DATA.**

2. Assure that the organization code for which you have jurisdiction, appears in the **ORGANIZATION CODE** field (Note: a "%" is a wild character and signifies access to all organization codes covered by that character. Example: 054% would give access to all codes beginning with 054). If the correct code is not displayed, click the drop-down arrow to view a list of your codes, and click the desired entry.

Figure 18. Administer Exposure Data

3. Select the desired Year and Quarter. Confirm all other desired parameters. (The other parameters, discussed below, will narrow the input selections. If unsure, use the default settings).
    - **SHOW DATA FROM PREVIOUS QUARTER** will display the prior data for comparison.
    - **EXPOSURE CODE** will let you select entry for only that type of data within the selection of what data are to be shown (see below).
    - **SHOW WORKHOURS** will display the section for entering workhours.
    - **SHOW VEHICLE USAGE** will display the section for entering vehicle usage.
    - **SHOW PROPERTY VALUATION** will display the section for entering property valuation [normally you would deselect this entry].
    - Click the **NEXT SCREEN** button.

4. Input exposure information as requested (Figure 19):
   - In the **EXPOSURE** field on the line corresponding with the respective organization code, year, and quarter, input workhours to the nearest whole number. **Hint**: You may use the tab key to move between fields.
   - If available, enter the Program Support Office (PSO) code in the **PSO** field and the percent of the hours that are dedicated to work for that PSO (you may enter up to three separate PSO designations).
   - After entering all of the workhours information, proceed to the vehicle usage section, entering the number of conveyances (number of vehicles), the mileage or hours operated (rounded to the nearest whole mile or hour) as appropriate, and any distribution of mileage or hours by PSO code.
   - See Table 12 on page 62 for a list of exposure codes and data to be entered.

Figure 19. Enter/Edit Exposure Data

5. After entry in complete click the **SUBMIT CHANGES** button.

Entering/Updating Property Valuation

Each field organization is required by DOE Order 231.1 to report their most recent annual estimate of property valuation. This is the sum of the replacement dollar value of all facilities, equipment, vehicles, and inventory assigned to the care of the respective operating organizations. Values are reported in and rounded to the nearest $1,000. Currently these values are requested at the beginning of the calendar year by memo from the EH Office of Regulatory Liaison and are due to be reported by March 31st.

Once input to the database, the values are used as the divisor in calculating property loss rates for both fire and non-fire categories and are rolled-up to successive levels of DOE complex-wide calculations. Typical property damage rates are represented as the dollar loss per $10,000 valuation. Since the valuation is an estimate of the DOE's holdings, it is not divided into, nor stored in quarterly increments, as are other measures of exposure to risk, such as workhours.

To enter/update property valuations: (for authorized field organization personnel)

1. From the Input Center menu, select **ENTER/UPDATE PROPERTY VALUATION**.

2. Assure that the organization code for which you have jurisdiction, appears in the **ORGANIZATION CODE** field (Note: a "%" is a wild character and signifies access to all organization codes covered by that character. Example: 05% would give access to all codes beginning with 05, representative of all of Albuquerque Operations). If the correct code is not displayed, click the drop-down arrow to view a list of your codes, and click the desired entry.

Figure 20. Administer Property Valuation Data

3. Select the desired Year for input/update of valuation.

4. Make sure that the **SHOW PROPERTY VALUATION** check box is the only box checked.

5. Click the **NEXT SCREEN** button.

6. Enter the property valuation in $1,000s (rounded to the nearest $1,000) for each of the organizations reporting through the field organization.

7. When complete, Click the **SUBMIT CHANGES** button.

Figure 21. Enter/Edit Property Valuation Data

Updating Organization Information

You can view and correct, as needed, address and phone number information for your organization (see Figure 22). Other changes to organization codes and the name of the organization will require approval and concurrence by the EH Office of Regulatory Liaison and the Field Organization representative.

To update organization information:

1. From the Input Center menu, select **UPDATE ORGANIZATION INFORMATION**.

2. Update the allowed fields as necessary.

3. Click the **UPDATE** button at the bottom of the page.

Figure 22. Organization Information Update

Appendices A-H:
Rules and Codes for
Coding Fields

Note: Appendices should be downloaded as separate document
(appendices.doc or appendices.pdf)

CAIRS Direct Data Entry Reference Manual